

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>9-5-96</u>		2 Serial/Patent # <u>675969</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		7-5-96							
<input type="checkbox"/>	Amendment		\$ 78 00							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ 78 00								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table>				--				
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11 REFUND REQUESTED BY: <u>T-2</u>										
TYPED/PRINTED NAME: <u>Carmenita Rabin</u>		TITLE: <u>Legal Em</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>208 3616</u>								
OFFICE: <u>OSR</u> OIPE										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Antoinette Thomas</u>		DATE: <u>9/9/96</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	330	1	08675969	00016	960709	960731	108	828.00
D	360	1	230576	36003	960709	960730	570	25.00
C	010	1	08675969	00169	960805	960808	103	44.00
C	010	1	08675969	00169	960805	960808	102	156.00

NO MORE TRANSACTIONS

END OF YOUR QUERY